

# IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	Flow Well	No Flow	Deepen	Plug Back	Same Ready	Drill Ready
		X		/					
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
2/19/87	7/23/87			4594'			4070'		
Elevations (DT, RKB, RT, GH, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
GL 3643', RKB 3652'	Grayburg-San Andres			2427'			3561'		
Perforations							Depth Casing Shoe		
2427' - 3561'									

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	372'	350 sk Class "C"
7-7/8"	5-1/2"	4594'	1050 sk Class "C"
	2 3/8"	3561'	

## V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
7/23/87		8/5/87		Pumping	
Length of Test		Tubing Pressure		Casing Pressure	Choke Size
24 hrs					
Prod. During Test		Oil - Bbls.		Water - Bbls.	Gas - MCF
		21		37	10.6

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

RECEIVED

SEP 10 '87

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501O. C. D.  
ARTESIA OFFICEForm C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Phillips Petroleum Company	
Address 4001 Penbrook St., Odessa, Texas 79762	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Keely-C Fed	Well No. 60	Pool Name, including Formation Grayburg-Jackson-7R-Q-G-SA	Kind of Lease State, Federal or Fee Federal	Lease No. LC-028784-C
Location				
Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1830'</u> Feet From The <u>East</u>				
Line of Section <u>13</u> Township <u>17-S</u> Range <u>29-E</u> , NMPM, <u>Eddy</u> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

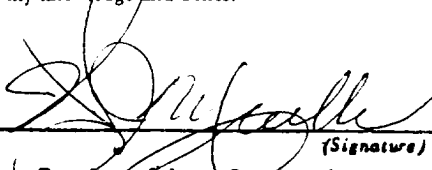
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 25
	Twp. 17S	Rge. 29E
	Is gas actually connected?	When
	Yes	7/23/87

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have  
been complied with and that the information given is true and complete to the best of  
my knowledge and belief.

  
 W. J. Mueller  
 (Signature)  
 Engineering Supervisor, Reservoir  
 (Title)  
 September 2, 1987  
 (Date)

## OIL CONSERVATION DIVISION

APPROVED SEP 24 1987, 19\_\_\_\_  
 BY Original Signed By  
Les A. Clements  
 TITLE Supervisor District II

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened  
well, this form must be accompanied by a tabulation of the deviation  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner,  
well name or number, or transporter, or other such change of condition.Separate Forms C-104 must be filled for each pool in multiply  
completed wells.